



ANNUAL REPORT

**Physical Rehabilitation Programs
Assistance Division**



ICRC

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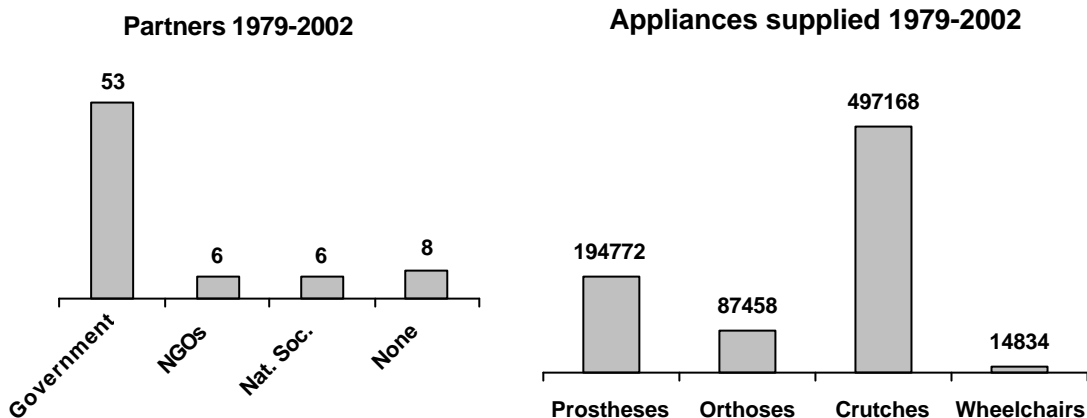
GLOSSARY OF TERMS IN THE CONTEXT OF THIS REPORT

CPC	Certificate of Professional Competence
ISPO	International Society for Prosthetics and Orthotics
Orthopaedic appliance	a prosthesis or an orthosis
Orthosis	An externally applied device used to support or correct a mal-functioning body part.
O/P	Ortho-prosthetists
Prosthesis	An externally applied device used to replace a missing or deficient body part.
PT	Physiotherapist
TATCOT	Tanzanian Training Centre for Orthopaedic Technologists

Introduction

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of war and internal violence and to provide them with assistance.

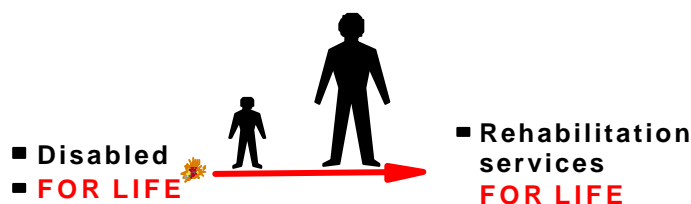
In 1979 the ICRC set up a unit for the physical rehabilitation of war victims. Since then, 73 projects have been initiated and/or assisted in 32 countries. Over two-thirds of the projects are carried out in close cooperation with government ministries, because physical rehabilitation is usually part of the national health structure. Other operational partners, such as National Red Cross/Red Crescent Societies, often lack the mandate or the necessary expertise and resources to run a fully operational prosthetic/orthotic centre on their own.



Since the creation of the unit, hundreds of thousands of individuals have received orthopaedic appliances, usually accompanied by physiotherapy.

Three types of assistance are provided: technical (e.g. patient management guidelines, polypropylene prosthetic technology), educational (e.g. professional courses, sponsorships), and financial (e.g. investment costs, running costs for imported materials). Most programmes require uninterrupted, full-time assistance for many years before the ICRC's partners can achieve full technological, managerial and financial autonomy. Financial autonomy in particular is often a major difficulty, as physical rehabilitation is rarely a health priority in countries where the ICRC operates. However, it is essential that after the withdrawal of the ICRC these projects continue to provide services for the disabled, whose needs in terms of replacement and repair of orthopaedic appliances are lifelong.

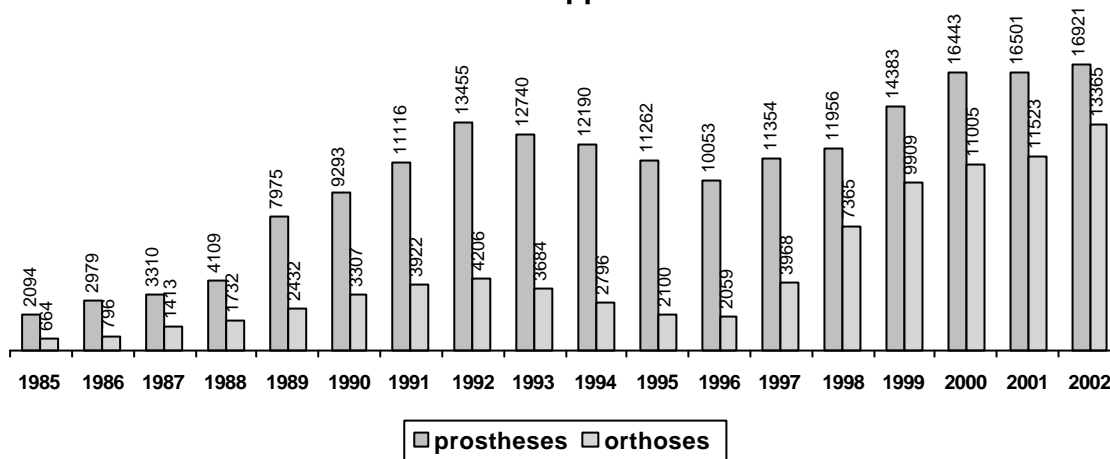
After their handover to other partners, most programmes are monitored by and receive assistance on a smaller scale from the ICRC's Special Fund for the Disabled (see SFD annual report 2002).



Persons assisted

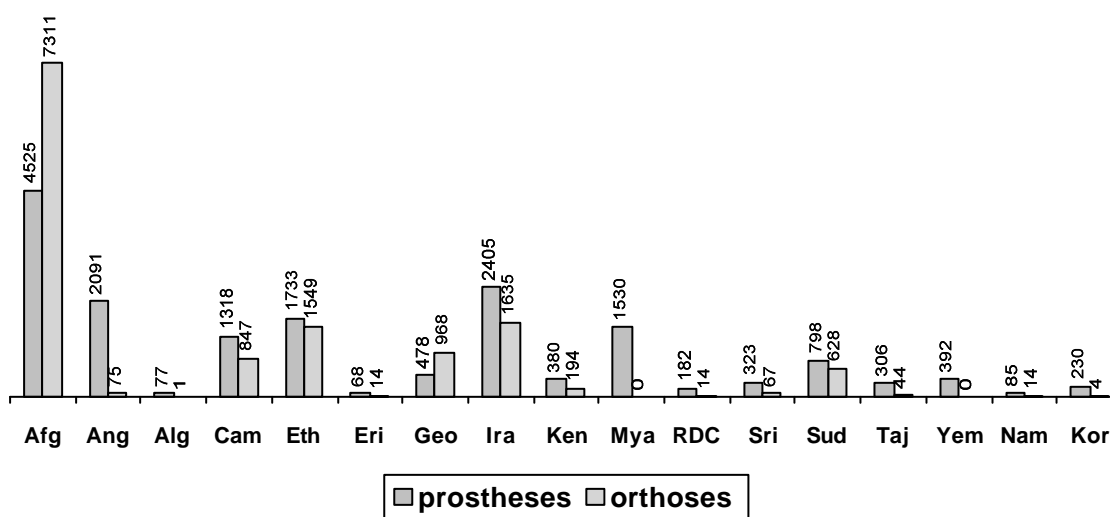
The number of physically disabled persons receiving assistance in 2002 rose in comparison with the previous year. Amputees were fitted with 16,921 prostheses (+1%), and other disabled people were fitted with 13,365 orthoses (+16%). The proportion of mine victims among the amputees fitted remained stable at 60%. In addition, thousands of additional patients received physiotherapy, walking aids, etc.

Patients fitted with appliances 1985-2002



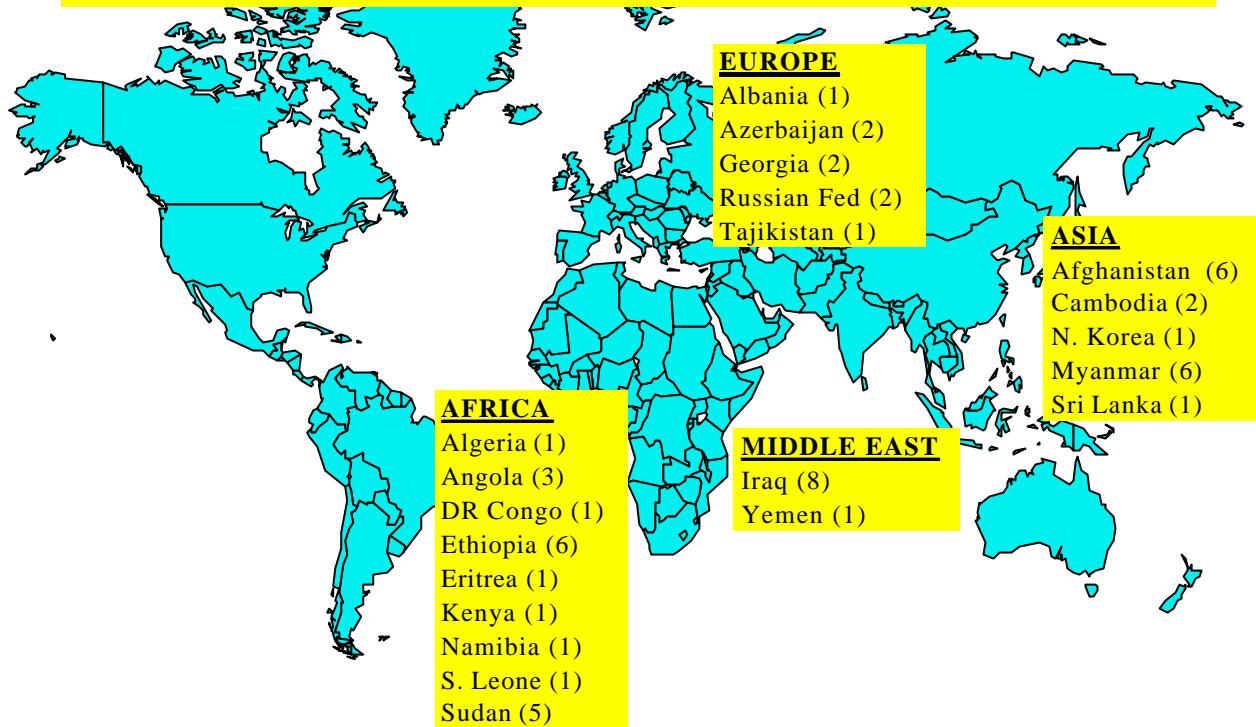
The figures also show the special effort made to meet the growing demand for orthotic appliances, especially in Afghanistan, Cambodia, Ethiopia, Iraq and Sudan. Constraints in these and other countries are mainly related to the level of training of national staff, the possibilities for continued follow-up, including surgery, especially of children, and the availability of materials.

Patients fitted with appliances per country in 2002



ICRC-assisted physical rehabilitation programmes

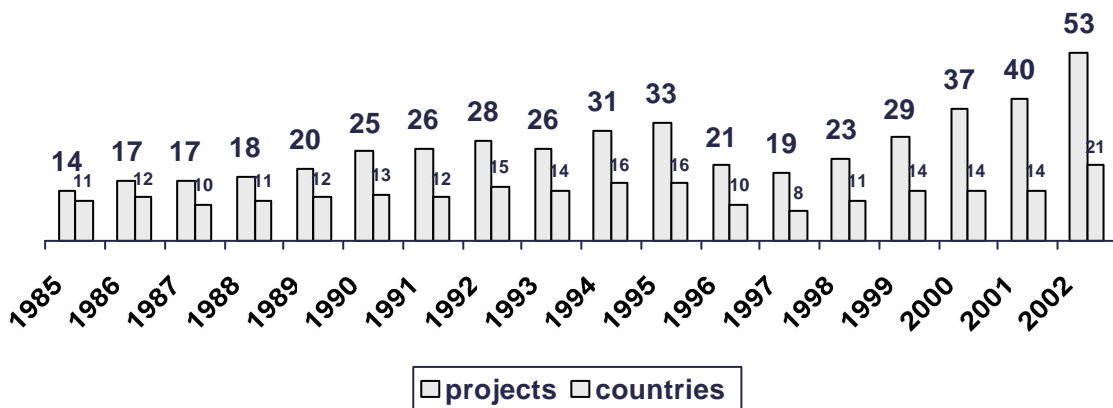
2002: 21 countries / 53 projects.



Projects assisted

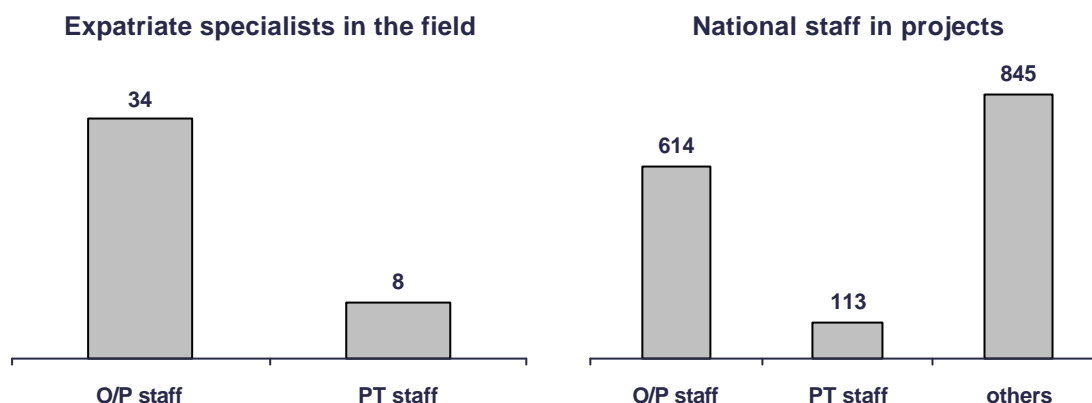
Sixteen new projects received assistance in 2002. They included projects in North Korea (Pyongyang), Myanmar (Hpa An), Ethiopia (Addis Ababa, Arba Minch), Eritrea (Keren), Sudan (Kassala, Dongola, Nyale), Namibia (Rundu), Russia/northern Caucasus (Sochi, Grozny), Sierra Leone (Freetown), Albania (Tirana), Yemen (Sana'a), Azerbaijan (Ganda) and Algeria (Algiers). Some of these projects had previously been assisted by the ICRC's Special Fund for the Disabled, but were now receiving support from the operational ICRC delegations in the countries concerned. An increasing number of projects – in Sierra Leone, Albania, Yemen, and Algeria, for example – were operating without the permanent presence of an expatriate ortho-prosthetist. The results of this approach will be carefully monitored. Three projects in Uganda being completed by the end of 2001, the total number of prosthetic/orthotic centres receiving assistance increased by 33% as compared with 2001.

Projects assisted and countries concerned 1985-2002



Human resources

A total of 42 full-time expatriate specialists, mainly ortho-prosthetists (P/O) and physiotherapists (PT), originating from 19 countries, provided technical assistance during the period under review. They included seven National Society staff and 33 ICRC staff. The expatriates worked with 1,229 national employees in the various projects, including 727 technical staff. The number of staff involved at headquarters remained three, plus one logistician. Recruitment problems caused delays of eight months in the filling of one post at headquarters and one post in the field.



Support activities at headquarters

During the year, headquarters staff or regional specialists carried out visits to projects in Algeria, Afghanistan, Chad, China, the Democratic Republic of the Congo, Ethiopia, Eritrea, Namibia, Tajikistan and Sudan. Updated standard project review forms and assessment forms were used increasingly during these missions. Two additional visits to Ethiopia were carried out by an ICRC regional specialist to assist in the preparation of a formal government training course in prosthetics and orthotics. An external consultant travelled to Georgia to provide advice on the ICRC-assisted project in that country.

Meetings were initiated between the ICRC and the board of the ICRC's Special Fund for the Disabled with a view to determining more clearly the similarities and the differences between various programmes.

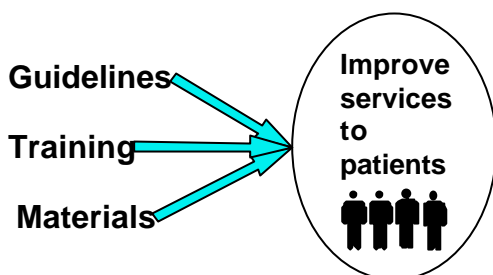
The ICRC took part in two working groups organized by the International Society for Prosthetics and Orthotics (ISPO). The first was on a protocol for calculating the cost of products and services, and the second on project monitoring and final evaluation protocols. This work is still continuing and is expected to be completed in 2003 or 2004.

A short training course in the use of polypropylene components was organized by the ICRC at the Tanzanian Training Centre for Orthopaedic Technologists (TATCOT) in Moshi, Tanzania, in preparation for the ISPO tests on polypropylene technology for transfemoral prostheses at the school. The ICRC took part as an observer in the first of the two test cycles scheduled.

In Cambodia, the ICRC provided a lecturer for the ISPO Seminar on Poliomyelitis. In Niger in September it gave three guest lectures for the ISPO Seminar on Amputation Surgery for

Lower Limbs and Prostheses and sponsored the participation of three local teams from prosthetic/orthotic centres in Chad, Mali and Mauritania.

The ICRC's Physical Rehabilitation Unit was also represented at the following meetings: the World Congress for Prosthetics, Orthotics and Rehabilitative Technology in Leipzig, Germany; the Regional Conference on Landmines and Explosive Remnants of War in Moscow, Russia; and the World Bank Conference on Disability and Development in Washington, USA.



One of the three priority areas to be addressed during the period 2000-2005 is the ICRC's Training Policy and Teaching Methodology for national prosthetic/orthotic staff in assisted projects. Information was exchanged at seminar organized by ISPO in El Salvador on Prosthetic/Orthotic Training Schools in Non-Industrial Countries. This was followed by two meetings in El Salvador and Geneva of the ICRC Working Group on Prosthetic and Orthotic Training for national staff, in which ISPO is also represented. The focus of the

working group is to develop and standardize a basic training course with corresponding teaching packages, designed to offer national staff the possibility of upgrading their qualifications to an internationally recognized level. Substantial progress was made in this regard and the results will be presented at an internal Round-Table Conference on Physical Rehabilitation for ICRC project leaders in the summer of 2003.

In addition, a Working Group on Physiotherapy was established which will work along the same lines as the Working Group on Prosthetic and Orthotic Training. An inventory was drawn up of all available in-house teaching materials on physiotherapy.

The second priority is the development of project and treatment guidelines. The internal Orthopaedic Reference Manual for project leaders was updated with guidelines and examples of good practice, such as standard assessment and review forms, model agreements and policy guidelines for component production. In some projects, for example those in Iraq and Cambodia, progress was made in the development of national guidelines on the quality of the treatment to be given to the physically disabled.

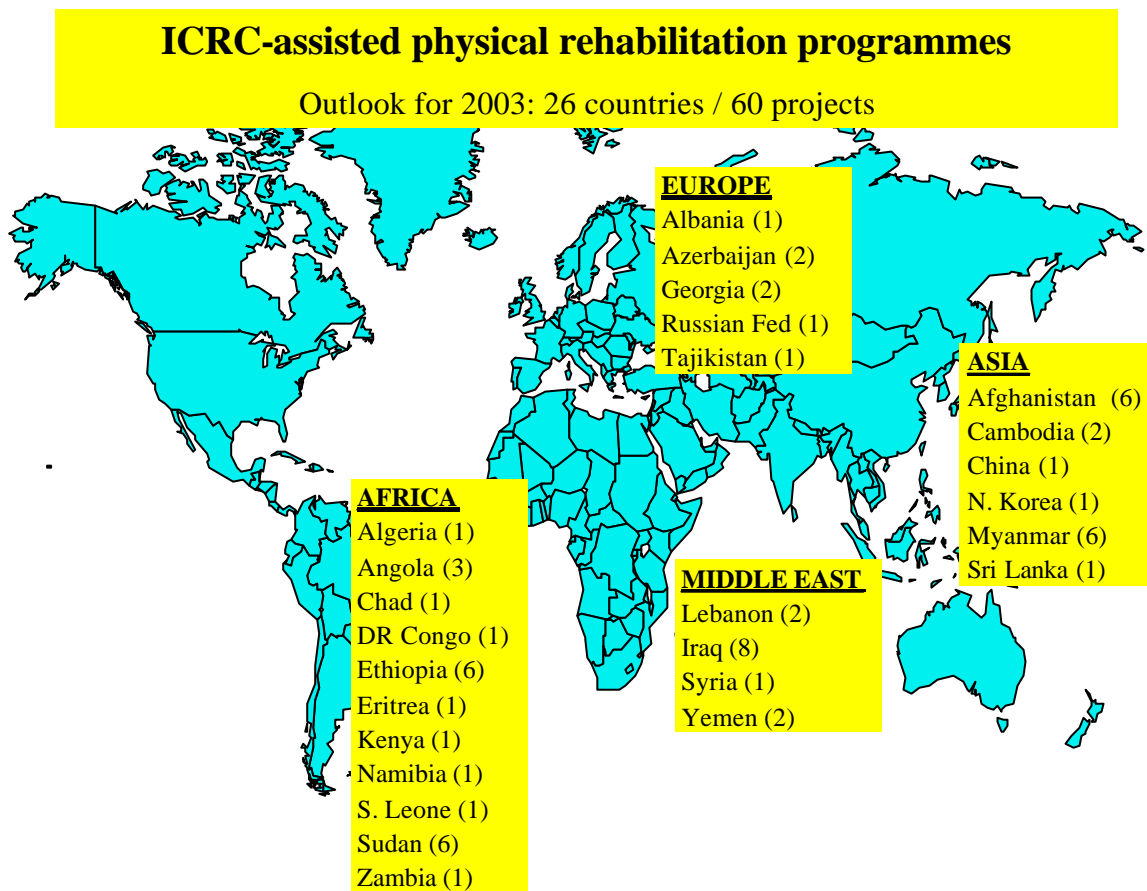
The third and last priority is to increase the availability of good-quality raw materials, including prosthetic components, at an affordable price. In 2002 the production of prosthetic components by the ICRC's subcontractor, CR Equipements SA (Coppet, Switzerland), continued on schedule. The components are subjected to internal and external tests to check and further improve quality. In this regard the cooperation of the Ecole polytechnique fédérale de Lausanne (EPFL) was highly appreciated.

During the year an external consultant completed an audit at CR Equipements and the resulting recommendations are being put into practice. Several management tools were introduced, the long-term goal being to reduce to a minimum the current interdependency between the ICRC and the Coppet firm. CR Equipements also supplies components at cost price to other humanitarian organizations providing assistance for projects in low-income countries, subject to the condition that local staff be trained in the use of the components. The regional training centre of the Special Fund for the Disabled in Addis Ababa, Ethiopia, organized seven one-month training courses in the use of polypropylene components, mainly for national technicians from projects receiving ICRC assistance, but also for expatriate ICRC ortho-prosthetists going on their first assignments and others.

The ICRC continued to assist the component factory in Phnom Penh, Cambodia, which has achieved a high degree of technical and managerial self-sufficiency and will continue to provide components for the national market.

Outlook for 2003

New projects are being considered in China (Kunming), Eritrea (Asmara, Asab), Zambia (Lusaka) and Yemen (Mukallah). In addition, projects formerly aided in Chad (N'Djamena), Lebanon (Beit Chebab, Sidon) and Syria (Damascus) will receive part-time follow-up assistance. On the other hand, the assistance programme in Namibia (Rundu) is due to be completed in 2003.



The Physical Rehabilitation Unit also intends to provide further support throughout 2003 by developing and disseminating internal strategies and guidelines for projects.

This includes completion of the ICRC Training Policy and the CPC (Certificate of Professional Competence) Training Information Package, which will be presented at the Round Table Conference on Physical Rehabilitation for ICRC project leaders in the summer of 2003.

PRODUCTION STATISTICS PER COUNTRY PROGRAMME 1979 - 2002

YEAR	COUNTRIES	NEWLY REGISTERED AMPUTEES FITTED WITH PROSTHESES	NUMBER OF PROSTHESES MANUFACTURED	NEWLY REGISTERED PATIENTS FITTED WITH ORTHOSES*	NUMBER OF ORTHOSES MANUFACTURED	PAIRS OF CRUTCHES	WHEELCHAIRS
ONGOING PROJECTS 2002							
1987-2002	AFGHANISTAN	22,146	43,545	21,193	35,723	84,817	7,247
2002	ALGERIA	73	77	1	1	0	0
1979-2002	ANGOLA	16,931	26,257	155	247	28,192	320
1991-2002	CAMBODIA	7,548	14,775	1,583	2,586	25,270	372
1998-2002	D. R. CONGO	734	981	49	58	867	0
1992-95/2002	ERITREA	1,455	1,475	62	72	487	0
1979-95/2002	ETHIOPIA	7,202	12,253	4,292	6,903	33,422	891
1995-2002	GEORGIA	2,243	4,148	911	2,574	1,884	705
1995-2002	IRAQ	12,771	18,108	6,653	10,305	3,536	165
1992-2002	KENYA	1,750	3,200	1,524	1,785	6,533	633
1986-95/2002	MYANMAR	9,209	13,141	1,622	2,195	9,175	0
2002	NAMIBIA	77	80	16	19	0	1
2002	NORTH KOREA	221	230	4	9	81	38
2002	RUSSIA	0	0	0	0	600	29
2002	SIERRA LEONE	0	223	0	268	0	0
1999-2002	SRI LANKA	363	928	54	152	145	142
84-96/99-2002	SUDAN	5,314	8,989	2,097	3,229	6,905	1
1998-2002	TAJIKISTAN	1,031	1,348	32	44	1,008	45
88-90/98-2002	UGANDA	973	1,053	840	1,038	3,300	511
2002	YEMEN	388	392	0	0	629	166

	TOTAL	90,429	151,203	41,088	67,208	206,851	11,266
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COMPLETED PROJECTS							
1995-2001	AZERBAIJAN	1,453	2,482	496	903	3,309	3
1982-1992	CHAD	945	1,346	411	744	1,140	0
1992-1994	COLOMBIA	1,049	1,081	1,731	1,863	0	0
1982-1995	LEBANON	2,149	3,545	1,169	2,111	0	0
1981-1995	MOZAMBIQUE	4,285	8,195	318	409	26,159	304
1984-1993	NICARAGUA	1,718	2,893	4,677	8,032	417	0
1981-1993	PAKISTAN OWS	5,566	8,295	0	0	0	0
1981-1996	PAKISTAN PARA	0	0	3,024	5,141	2,673	3,248
1997-2000	RWANDA	124	162	433	639	755	13
1983-1995	SYRIA	983	1,341	27	41	0	0
1988-1995	VIETNAM	11,046	12,775	0	0	0	0
1985-1990	ZIMBABWE	1,308	1,454	226	367	7,280	0
TOTAL		30,626	43,569	12,512	20,250	41,733	3,568

TOTAL		121,055	194,772	53,600	87,458	248,584	14,834
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TOTAL PRODUCTION 2002

	Afg	Ang	Alg	Che	Cam	Eth	Eri	Geo	Iraq	Ken	Mya	DRC	Sri	Sud	Taj	Yem	Nam	Kor	TOTAL
New patients / prostheses	1188	1034	73	0	385	898		163	930	137	1018	75	103	58	122	388	77	221	6870
Total prostheses	4525	2091	77	0	1318	1733	68	478	2405	380	1530	182	323	798	306	392	85	230	16921
Total prostheses / mine victims	3351	1670	61	0	1230	898		120	1160	78	1080	2	180	117	29	41	49	32	10098
New patients / orthoses	3796	31	1	0	508	997		352	905	125	0	12	5	169	32	0	16	4	6953
Total orthoses	7311	75	1	0	847	1549	14	968	1635	194	0	14	67	628	44	0	14	4	13365
Total orthoses / mine victims	32	18	0	0	7	36		0	3	1	0	2	2	0	0	0	0	0	101
Crutches delivered (pairs)	6291	2995	0	600	1235	2166		398	1276	788	437	222	41	0	198	325	0	80	17052
Wheelchairs delivered	764	141	0	29	206	112		42	24	25	0	0	23	0	28	166	1	37	1598

TOTAL COMPONENTS DISTRIBUTED TO NON-ICRC PROJECTS IN 2002

Feet	0	0	0	0	0	33	0	0			0	0	155	0	0	0	0	0	188
Knees	501	0	0	0	797	3	0	0			0	0	52	0	0	0	0	0	1353
Alignment systems	717	0	0	0	3392	771	0	0			0	0	151	0	0	0	0	0	5031
Orthotic knee joints (pairs)	0	0	0	0	1745	309	0	0			0	0	0	0	0	0	0	0	2054

TOTAL EXPATRIATES 2002

Ortho-prosthetists	2	4	0	0	4	2	1	2	4	1	5	1	1	3	1	0	1	2	34
Physiotherapists	4	0.5	0	0	0	0	1	0	0.75	0	0	0	0	1	0.25	0	0	0	7.5

TOTAL LOCAL STAFF 2002

P/O Cat I	0	0	0		0	0	0	0	0	0	1	0	0	0	0			0	1
P/O Cat I trainees	0	0	0		0	0	0	0	0	0	0	0	0	0	0			0	0
OT Cat II (from recogn. reg. school)	0	2	2		8	3	3	5	0	2	0	1	0	0	5			0	31
OT Cat II trainees	68	23	1		0	0	20	0	74	4	5	1	0	27	0			16	239
Benchworkers	0	24	0		33	26	3	10	51	1	65	3	8	24	6			0	254
PT	13	2	0		4	4	0	0	11	1	1	0	0	0	0			1	37
PT trainees	43	13	0		2	2	0	2	1	1	0	0	2	6	3			1	76
Other technical staff	0	18	0		10	0	7	3	8	0	20	0	8	5	0			10	89
Non-technical staff	205	72	1		30	0	6	11	55	0	26	5	4	74	5			8	502
Total	329	154	4		87	35	39	31	200	9	118	10	22	136	19			36	1229

NB: Figures based on information provided by the partners in assisted projects

OVERVIEW OF ICRC PHYSICAL REHABILITATION PROGRAMMES (COUNTRIES) AND PROJECTS 1979 - 2002

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Partner: often multipartner agreements are signed for a project, but only the main partner is mentioned.

MOH: Ministry of Health; SRC: Swedish Red Cross; MOD: Ministry of Defense; MOSALVY: Ministry of Social Affairs, Labour Veterans and Youth; NGO: Non Governmental Organisation; REST: Relief Society of Tigray; MOSS:Min. of Social Security;

NRCCS: National Red Cross / Crescent Society; MOHE: Ministry of Higher Education; MLSA : Ministry of Labour and Social Affairs, MLSW, Ministry of Labour and Social Welfare, MOHS: Ministry of Health and Sanitation, MLHW : Ministry of Labour and Human Welfare; MOLSA : Ministry of Labour and Social Affairs.

MOLSD : Ministry of Labour and S Development

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